MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

■63-0475 6

DEPAI	H Th	HEN 1	T OF	PU.	BLIC	Registration District No. 4 Primary Registration District No. 4 11/2 Registrat's No. 5
DO NOT WRITE ON THIS STUB			NDED			ILED JAN 1 3 1964
	.			<u> </u>		I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
VS 300	0	\	· 1	N	(a. COUNTY b. COUNTY _ admission)
Rev. 4/59	岜	: []	•	1	(—	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CiTY Inside Limits
	Ŝ	$\{ [\] \}$	•		•	OR OR
14 1	AMENDED	• J - T	•		1_	Malden 2 Yrs. Town Malden Yes. Town
0356	ш	انا	•		1	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm HOSPITAL OR
	DATE		•		•	INSTITUTION In Malden Yes No ADDRESS Yes No
² 0356	þ	44	4	4 1	1=	TI MBTGGT
3		11	1		3	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF
			·		1_	Robert Grantsville Matthews DEATH 12 16 1963
4 0		4 1	1		5.	5. SEX 6. COLOR OR RACE 7. Married Never Married 9. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
5 0		-1	t	1	•	Male White Wholes Walter 7-10-1961 2
			t }		10.	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
6. <u>§</u>	וי		t		1	during most of working life, even if retired) None Gideon, Mo. U.S.A.
_ §	١I.	4 1	۱	1	13	3a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
7 0 §	1		۱ <u>[</u>] \	1	
¥ا <u>د</u> 8	۱.		۱ <u> </u>		15.	William Matthews Mary Frazier None 5. WAS DECEASED EVER IN U.S. ARMED FORCES Address Address
- 1707 X	ا '	11	۱		(Ye	for the contract of the contra
~449 A	٠Į -	11	· [\	INTERVAL RETWEEN
10	ζ	1	t [Z	1	DAGE I DEATH WAS CAUSED BY
_ 	۳ ا	1	٠ [_	¥	1	Fulminating Pneumonia 12 hours
11 0			1	DOCUMENT	 	
700	2 ≦	*	1	8	1	Conditions, if any,] DUE TO (b)
40-3 0	יין ני	1 7	1		1	which gave rise to above couse (a), }
13 30	• ≧	igspace	\perp		1	stating the under-
	, 🔽		١Ţ		1_1	lying cause last. DUE TO (c)
o o			ţ		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days.
<u>\r</u>	ز	11	1		₹ ₹	☐ Yes ☐ No ☐ Unknown
温	۱	1	t [¶ ≝ l	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
ON AMENDMENTS	፣	1	t [1		19. WAS AUTOPSY 20e. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO
温	;	1	t [
<u>, z</u> §	;	1	L	1 1	EDICAL	INJURY a.m.
¥ % [*	1	1	1 [꾷	p.m., COUNTY STATE
RIBBON		11	1		1	1 303 INTERPLOY 1 206. PLACE OF TROOK! ISING, IT ST SOOT TOWN, IT ST
-	_		t	1 1	4 ∫	NOT WHILE AT WORK
BLACK INK OR RITER RIBBC	READ	ŧ [_]	t [1	21 Lattended the deceased from
	 	ŧ []			1	21. I attended the deceased from the causes stated.
<u>, </u>	⊇	t 1	t 📙		1	226. DATE SIGNED
USE	SHOULD	5 - }		<u></u>	1	Kennett Mo. 1+4-04
<u></u>	뜐	5 1	t [1	QUINTON TRIVEY COTONE NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (State)
-	 - ;	+	+	AFFIDAVIT	23	3a. BURIAL, CREMATION, 235. DATE 2 2 3 235. NAME OF CEMETER OF CREMETER OF CRE
[Š	? <u> </u>	t	[윤 /	(Burial 12-19-1963 Stanileld Dem Ularkton Po
[: []	1		24.	4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
1	ITEM	۱ ب	1	备	1	Lloyd Russell Piggott, Arkansas ///3/6~/ Hundardwule M.)
I	- 1	h	()	L		J.

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STATEMENT BY LICENSED EMBALMER

The profession of the state of

<u> </u>	, Student Embalmer No
working under my personal supervision.	\mathcal{O}_{α}
itudent	Signed Lloyd Kussell
Signature of Student Embalmer	
•	Licensed Embalmer No. 509 - ON
	A. A. O. b.
•	P. O. Address Jugatt, Chile.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply - with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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